

Prepared By: Greg Perdziola  
L.S.I  
700 Cherrington Pkwy  
Coraopolis, PA 15108  
412-299-4000

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**LIMITED POWER OF ATTORNEY**

EO 980053

*3840544-01*  
*Record 1st*  
**Caution:** this is an important document. It gives the person whom you designate (your "Agent" also called "Attorney in Fact") broad powers for a specific transaction, to handle your property during a certain period of time, which may include powers to mortgage your real property with advance notice to you by web based closing. These powers will continue to exist even after you have become disabled or incompetent. This document does not authorize anyone to make medical or other health care decisions. You may execute a different document, a health care proxy to do this. If there is anything about this form that you do not understand, you should ask an attorney to explain it to you.

BE IT KNOWN, that Peter Snyders  
and Aaron Cass  
and  
Melissa Cass  
Karen Stixrud Snyders

whose address is 5481 POLK LN  
OLIVE BRANCH, MS 38654

has made and appointed, and by these presents does make and appoint the following persons who are employees of LSI, namely: Greg Perdziola, Shannon Obringer, Donald Komoroski, Rickard Callen, Chris Kane, Chris Jeram and TJ Fazikas each of whom may act separately, whose addresses are C/O LSI, at 700 Cherrington Parkway, Coraopolis PA 15108, my/our true and lawful attorney in fact (also called agent) for them and in their name, place and stead, for the following specific and limited purposes:

- (1) Refinancing of the Real Estate located at 5481 POLK LN, OLIVE BRANCH, MS 38654, and to be refinanced with E - Loan Inc-70788, said refinancing to occur on or about April 9, 2007 in an amount approximately \$ 100,000.00 .
- (2) To mortgage, finance, refinance, hypothecate, assign, transfer, and in any manner deal with the real estate to effectuate the above referenced refinancing (which may also be called "banking transactions" under state statute);
- (3) To execute, acknowledge, and deliver escrow instructions, and all Closing Documents which including but not limited to: Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including any documents necessary or requested as part of this transaction by Title Insurer, Lender or the other parties to the

*US Recordings e*

transaction, those documents needed by governmental and taxing authorities, covenants, agreements and assignments of agreements, assignments of mortgages, assignments of deeds of trust, to secure the referenced indebtedness, lien waivers, encumbrance or waiver of homestead and any marital rights necessary to obtain the financing, settlement statements, truth in lending disclosures, loan applications, HUD 1 and other written instruments of whatever kind and nature, all upon such terms and conditions as said attorney in fact (also called agent) shall approve.

Further giving and granting said attorney in fact (also called agent), full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (setout herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney shall become effective immediately, and shall not be affected by my subsequent disability, incapacity or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue until the Mortgage/Deed of Trust is recorded in the appropriate office. I may revoke this Power of Attorney at any time by providing written notice to my Attorney in Fact (also called agent), however such revocation shall not be effective as to third parties acting in reliance upon this Power of Attorney if recorded, unless and until the revocation is similarly recorded in the same county and state registry or other established records for the recording of Powers of Attorney. This Power of Attorney is limited to a specific refinance, and the powers noted shall continue only through and including any post closing corrections, amendments and follow up procedures, but shall cease when the refinance and all post-closing matters are fully accomplished.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Dated 3/23/07, 200 at San Mateo, CA 94403

  
Peter Snyders

Partial Password 7288

and Aaron Cass

Melissa Cass

transaction, those documents needed by governmental and taxing authorities, covenants, agreements and assignments of agreements, assignments of mortgages, assignments of deeds of trust, to secure the referenced indebtedness, lien waivers, encumbrance or waiver of homestead and any marital rights necessary to obtain the financing, settlement statements, truth in lending disclosures, loan applications, HUD 1 and other written instruments of whatever kind and nature, all upon such terms and conditions as said attorney in fact (also called agent) shall approve.

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Dated 3/22/, 2007 at Olive Branch, MS.

Partial Password 7288

Peter Snyders



and Aaron Cass



Melissa Cass

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Dated April 5, 2007 at San Mateo

Karen Stixrud Snyders  
Karen Stixrud Snyders

Partial Password 7288

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

printed name of witness:  
(if required)

printed name of witness: \_\_\_\_\_  
(if required)

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of San Mateo

} ss.

On MAR 23, 2007, before me, Skip Dahl, Notary Public

Date

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

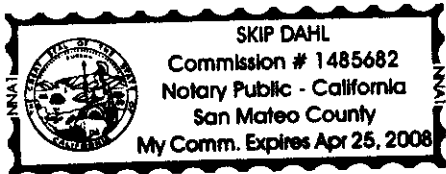
personally appeared

PETER SNYDEKS

Name(s) of Signer(s)

☐ personally known to me☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal

  
Signature of Notary Public
   
Skip Dahl
**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**

Title or Type of Document:

LIMITED POWER OF ATTORNEY

Document Date:

MARCH 23, 2007

Number of Pages:

2

Signer(s) Other Than Named Above:

NO OTHERS AT THIS TIME**Capacity(ies) Claimed by Signer**

Signer's Name: \_\_\_\_\_

- ☐ Individual
- ☐ Corporate Officer — Title(s): \_\_\_\_\_
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

**RIGHT THUMBPRINT  
OF SIGNER**  
Top of thumb here

State of Miss

County of DeSoto

On 3/22/07  
DATE

before me, Patricia L. Jordan, Notary Public  
NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"

personally appeared ~~Peter Snyder~~ and Aaron Cass Melissa Cass

☒ personally known to me - OR - ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

My Commission Expires on: May 19, 2009



WITNESS my hand and official seal.  
Patricia L. Jordan  
SIGNATURE OF NOTARY  
OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNEDER

DESCRIPTION OF ATTACHED DOCUMENT

- ☐ INDIVIDUAL  
☐ CORPORATE OFFICER

- TITLE(S)  
☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL  
☐ ATTORNEY IN FACT  
☐ TRUSTEE  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

SIGNER(S) OTHER THAN NAMED ABOVE

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of San Mateo

} ss.

On Apr 5, 2007, before me, Skip Dahl, Notary Public

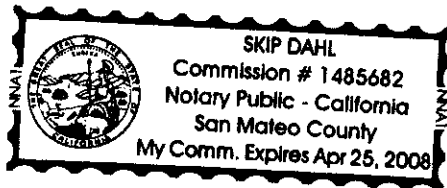
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared KAREN STIXRUP SNYDERS

Name(s) of Signer(s)

☐ personally known to me☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public  
Skip Dahl**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of Attached Document**Title or Type of Document: LIMITED POWER OF ATTORNEYDocument Date: APRIL 5, 2007 Number of Pages: 2Signer(s) Other Than Named Above: NO OTHERS**Capacity(ies) Claimed by Signer**

Signer's Name: \_\_\_\_\_


- ☐ Individual
- ☐ Corporate Officer — Title(s): \_\_\_\_\_
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here

Specimen signature of AGENT/Attorney in Fact:

  
\_\_\_\_\_  
Greg Perdziola



**ACKNOWLEDGMENT OF ATTORNEY-IN-FACT**

I, AGENT, have read the attached power of attorney and am the person identified as the attorney-in-fact (the "agent") for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in state law., when I act as agent:

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Greg Perdzick  
AGENT

[Signature]  
Signature of Attorney-in-Fact

4-5-07  
Date

Prepared by and return to:  
 LSI  
 700 Cherrington Parkway  
 Coraopolis PA 15108

---

SAME NAME AFFIDAVIT

---

Before me, the undersigned authority, this day personally appeared AARON CASS  
 \_\_\_\_\_ ("Affiant") who being by me first duly sworn, affirmed as follows:

1. Affiant is one and the same person as: AARON M. CASS  
 \_\_\_\_\_
2. Affiant may also be known by the following name variances (sign those variables or write N/A if that name has never been used for you):

First initial, second initial, full last name: \_\_\_\_\_

First and middle initials and last name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Affiant states that they were previously known as \_\_\_\_\_, but due to marriage/divorce, have taken the name of \_\_\_\_\_ and that name is now their true and correct legal name.

Affiant states that they were previously known as \_\_\_\_\_, but due to a court order changing their legal name, have taken the name of \_\_\_\_\_ and that name is now their true and correct legal name per Court Order recorded at in \_\_\_\_\_ county \_\_\_\_\_, DBV \_\_\_\_\_ page \_\_\_\_\_;

2. This affidavit is given in reference to the conveyance/purchase/refinance of the property described as: \_\_\_\_\_.

AFFIANT is making this affidavit for the benefit of LSI/ Chicago Title Insurance/Fidelity Title Insurance who is relying upon the total correctness of this affidavit for issuing title insurance.

When I sign below I am affirming this as my legal signature for any conveyance/refinance/purchase document no matter what variance may show in the typing of my name, and for all names by which I may be known.

Intending to be bound, I have signed this 5<sup>th</sup> day of April, 2007.

Aaron Cass by [Signature]  
as attorney in fact

(SIGNATURE)

Aaron Cass

(PRINT NAME OF AFFIANT)

STATE OF Pennsylvania  
COUNTY OF Allegheny

Sworn to and subscribed before me this 5<sup>th</sup> day of April, 2007, by Aaron Cass  
by Greg Perdzida as attorney in fact, who was personally known to me or who presented  
\_\_\_\_\_ as identification.

Commission No.

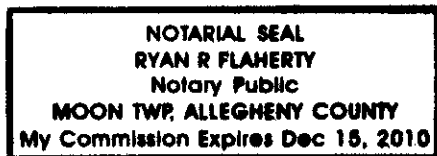
Commission Expiration: 12-15-10

[Signature]

(Signature of Notary)

Ryan R. Flaherty

(Printed name of Notary- Stamp/Seal if required)



Prepared by and return to:  
 LSI  
 700 Cherrington Parkway  
 Coraopolis PA 15108

SAME NAME AFFIDAVIT

Before me, the undersigned authority, this day personally appeared Melissa Cass  
 \_\_\_\_\_ ("Affiant") who being by me first duly sworn, affirmed as follows:

1. Affiant is one and the same person as: Melissa M. Cass  
 \_\_\_\_\_
2. Affiant may also be known by the following name variances (sign those variables or write N/A if that name has never been used for you):

First initial, second initial, full last name: \_\_\_\_\_  
 First and middle initials and last name: \_\_\_\_\_  
 Nicknames: \_\_\_\_\_

Affiant states that they were previously known as \_\_\_\_\_, but due to marriage/divorce, have taken the name of \_\_\_\_\_ and that name is now their true and correct legal name.

Affiant states that they were previously known as \_\_\_\_\_, but due to a court order changing their legal name, have taken the name of \_\_\_\_\_ and that name is now their true and correct legal name per Court Order recorded at in \_\_\_\_\_ county \_\_\_\_\_, DBV \_\_\_\_\_ page \_\_\_\_\_ ;

2. This affidavit is given in reference to the conveyance/purchase/refinance of the property described as: \_\_\_\_\_.

AFFIANT is making this affidavit for the benefit of LSI/ Chicago Title Insurance/Fidelity Title Insurance who is relying upon the total correctness of this affidavit for issuing title insurance.

When I sign below I am affirming this as my legal signature for any conveyance/refinance/purchase document no matter what variance may show in the typing of my name, and for all names by which I may be known.

Intending to be bound, I have signed this 5<sup>th</sup> day of April, 2007.

Melissa Cass by M. P. M.  
as attorney in fact  
(SIGNATURE)


Melissa Cass  
(PRINT NAME OF AFFIANT)

STATE OF Pennsylvania  
COUNTY OF Allegheny

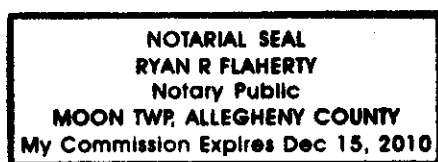
Sworn to and subscribed before me this 5<sup>th</sup> day of April, 2007, by Melissa Cass  
by Greg Perdziola as attorney in fact, who was personally known to me or who presented  
as identification.

Commission No.

Commission Expiration: 12-15-16

  
(Signature of Notary)  
Ryan R. Flaherty

(Printed name of Notary- Stamp/Seal if required)



U38465444-01EC13

POWER OF ATTORNEY  
LOAN# E0586053  
US Recordings